

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,400.00

Complete if Known

Application Number	10/776,028
Filing Date	February 10, 2004
First Named Inventor	Cavada, et al.
Examiner Name	Shawntina T. Fuqua
Art Unit	3742
Attorney Docket No.	074104.0113

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-0383 Deposit Account Name: Baker Botts L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 20 or HP = 16 x 50.00 = 800.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ - 3 or HP = 3 x 200.00 = 600.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

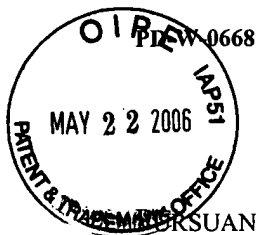
Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Paul N. Katz</u>	Registration No. (Attorney/Agent)	35,917	Telephone	713.229.1343
Name (Print/Type)	Paul N. Katz			Date	May 22, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF MAILING VIA EXPRESS MAIL

PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE," AND IS ADDRESSED TO:

MAIL STOP AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450
ALEXANDRIA, VA 22313-1450

ON MAY 22, 2006.

Susan D. Jones 5.22.2006
SUSAN D. JONES MAY 22, 2006

MAY 22, 2006
DATE OF MAILING

EV778537224US
EXPRESS MAIL LABEL

U.S.S.N.:	10/776,028
FILING DATE:	FEBRUARY 10, 2004
APPLICANT:	CAVADA, ET AL.
GROUP ART UNIT:	3742
EXAMINER:	SHAWNTINA T. FUQUA
ATTORNEY DOCKET No.	074104.0113
TITLE:	"MULTI-PURPOSE OVEN USING INFRARED HEATING FOR REDUCED COOKING TIME"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. FEE TRANSMITTAL (PTO/SB/17) WITH DUPLICATE COPY FOR FEE PROCESSING;
2. RESPONSE TO FINAL OFFICE ACTION, MAILED MARCH 21, 2006; AND
3. RETURN POSTCARD TO ACKNOWLEDGE RECEIPT OF THESE ITEMS.

ATTORNEY CONTACT:	PAUL N. KATZ	REG. No. 35,917
	BAKER BOTTS L.L.P.	
	TELEPHONE:	713.229.1343
	FACSIMILE:	713.229.7743
	E-MAIL:	PAUL.KATZ@BAKERBOTTSCOM
	PTO CUSTOMER NUMBER LABEL:	023640



E 778537224 US

Mailing Label
Label 11-F, April 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

☐ **WAIVER OF SIGNATURE (Domestic Mail Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday ☐ Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

Paul M. Katz - 4817
BAKER BOTTS LLP
ONE SHELL PLAZA
910 LOUISIANA ST
HOUSTON TX 77002-4995

TO: (PLEASE PRINT)

MAIL STOP AF
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811

PRESS HARD: YOU ARE MAKING 3 COPIES.

074104 0113

Receipt is hereby acknowledged of the papers filed as indicated in connection with the above identified case. COMMISSIONER FOR PATENTS
Due Date: 5.21.2006 (Sat) - 5.22.2006
Express Mail Label
EV778537224US

Papers filed herewith on: 5.22.2006
DOCKET NO: 074104 0113
ATTY/SEC: Paul M. Katz
APPLICANT(S): Baker Botts, et al.
USPN: 10/776,028 FILED: 2.10.2004
PAT NO: 11/1
☐ New Application with Transmittal Letter
☐ Utility ☐ Design ☐ CIP ☐ Provisional
☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV
☐ Filing Under 37 CFR 1.114(RCE)
☐ Filing Under 37 CFR 1.53(d) (CPA)
☐ Specification Consisting of: _____ pages
☐ Declaration
☐ Power of Attorney
☐ Assignment / Cover Letter
☐ Letter to Official Draftsman
☐ Drawings - Sheets ☐ Formal ☐ Informal ☐ Red-ink
☐ Priority Document(s) _____
☐ Amendment:
☐ Transmittal Ltr ☐ Large Entry ☐ Small Entry
☒ Response to FOA mailed 3.21.2006
☐ Information Disc. Stmt. PTO-1449(s) _____ ref(s)
☐ Notice of Appeal ☐ Appeal Brief
☐ Issue Fee Transmittal
☒ FEES: PTO-5817 + duplicate copy
☒ Other: Certificate of mailing of

PD-W-0668

BEST AVAILABLE COPY